MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10797

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: ROBERT E. HOOPER

3. (b) Social Security Number: 212-03-9771

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jane L. Hooper
6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): April 3 1900

8. AGE: Years	Months	Days	If less than one day
51	7		hrs. min.

9. Birthplace: Calvert, Maryland
(Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER
12. Name: Mack Hooper
13. Birthplace: Maryland

MOTHER
14. Maiden name: Nettie Cockran
15. Birthplace: Maryland

16. Informant: Mrs Jane Hooper
Address: North Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 30-51 (month) (day) (year)
Cemetery or crematory: Huntingtown Cemetery
Location: Huntingtown, Md.

18. Funeral director: Wm H. Hutchins
Address: Owings, Md

19. Nov 29 1951 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28 19 51, at 5 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/28 19 51 to 11/28 19 51 and that I last saw him alive on 11/28/51 19

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

400.1
Major findings of operations: 94 a.
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Isaac Sledd M. D. or other
Address: Prince Frederick Date signed: 11/30/51

RECEIVED
DEC 11 1951
BUREAU V. S.

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10798

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Agnes (Last) Ward

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 4/15/67

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: William Wilkerson

14. MOTHER'S MAIDEN NAME: Mary Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Willard Ward N. Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs
	(c)	

4-22-11
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1957, to 11/28, 1951, that I last saw the deceased alive on 11/28, 1951, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE: Willard Ward (Degree or title) ADDRESS: Md DATE SIGNED: 11/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/30/51
NAME OF CEMETERY OR CREMATORY: Mt Harmony
LOCATION (City, town, or county) (State): Mt Airy Md

DATE REC'D BY LOCAL REG. Nov 29 1951
REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm H. Hutchins ADDRESS:

RECEIVED
DEC 11 1951
BUREAU V. S.

Item 18 Film G139 - 1-25-52 ams

10799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY: Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Calvert COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Beach
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Marvin (Middle) Edwin (Last) West
4. DATE OF DEATH (Month) Nov (Day) 8th (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1899
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owder
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate South
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Gordon West
14. MOTHER'S MAIDEN NAME: Josephine Savanna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 243-22-0904
17. INFORMANT AND ADDRESS: Mrs Marvin West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric hemorrhage.

5810 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver. (1-25-52 ams)

124b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1951, to 11/7, 1951, that I last saw the deceased alive on 11/7, 1951, and that death occurred at 9:45 A.M. m., from the causes and on the date stated above.

SIGNATURE: L Hilleman Mo (Degree or title) ADDRESS: Huntingtown Md DATE SIGNED: 11/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Nov. 11 1951
NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
LOCATION (City, town, or county): Sheffield (State): Ala.

DATE REC'D BY LOCAL REG.: Nov. 9, 1951
REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm H. Hutchins ADDRESS: Owings, Md

470-756

NOV 19 1951
BUREAU U. S.